

# **Revitalization of Primary Care in America**

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**Problem -**

It is a perfect storm. Patients complain year after year that they cannot access primary care in a timely fashion. While academic medical scientists are studying which treatments are most effective, patients can't even access the delivery system conveniently to receive those treatments. Providers complain that patients seek care too late. This may be due to the barriers of entry. Providers complain that their workload is unbearable. This may be due to a general lack of investment in prevention. The same providers are reluctant to automate their practice or coordinate with other health care professionals and paraprofessionals. Despite all of this, patients who have a trusted relationship with a clinician cherish it and providers who truly helped a family through a crisis are thankful for the opportunity.

**Solution -**

Through political support and marketplace solutions it should be possible for primary care to move from its cottage industry status to the 21<sup>st</sup> century leveraging technology, business practices, and systems process optimization. Organizations and companies should be encouraged to invest in primary care by offering a suite of services to:

- augment primary care providers' incomes.
- reduce their overhead expenses.
- improve the patient care experienced
- relieve the clinicians of the overwhelming burden of practice

To accomplish this we must no longer bypass the primary caregivers providing many great programs without traction. For example, billions have been spent on disease management efforts with only 6 to 12 % of the worthy population involved 6 – 12 months into the program. Delivering similar programs through trusted clinicians yields manifold greater engagement retention and behavior change. Establishing bonds between patients and care providers will lead to lasting life style improvements and greater compliance to evidence-based guidelines.

Companies or organizations should provide a variety of services to elevate the primary care layer.

These clinicians need:

- Practice management
- Accounting and Financial Support
- Information Technology
- Associated Fitness and Wellness Service Support
- Health Screening Capabilities
- Disease Management Services
- Centers of Excellence Support
- Technology Assessment
- Real Time Decision Support Tools
- 24 Hour Nurse Lines
- Patient Safety/ Professional Liability Risk Management

The government, the purchasers, the payers and the health care consultants must create circumstances for free market solutions to thrive in this domain. Subsidizing the full suite of electronic platforms from electronic medical record (EMR) to patient relationship management (PRM) to personal health records (PHR) would be a good start. Endorsing the patient centered primary care collaborative ([www.pcpcc.net](http://www.pcpcc.net)) is an appropriate next step. Paying those providers that achieve an accreditation as a 'medical home' at a higher level would produce considerable dividends (see the National Committee of Quality Assurance Accreditation Program) The American Academy of Family Practice reports that high performance primary care practices are capable of treating 90% of the medical conditions 90% of the time. Presently, despite these compelling numbers they receive far fewer health care dollars compared to specialists particularly those who are procedurally oriented. The present system rewards surgical intervention and expensive pharmaceutical over all else. History has demonstrated that investment in a system that supports robust primary care can be less costly and arguably able to foster an environment making health care improvements easier. During the height of the HMO movement (1996) health

care premiums fell in the United States while remarkable improvements in the Health Plan Employer Data Information set (HEDIS) occurred. During the same period, primary care providers (PCPS) on average received a sizable bump in their income.

With technology and increased payment the providers of primary care will be able to reinvest in their practice and have a better work life balance. It is time to take care of the people who take care of the people. As we revitalize the middle class we must include the doctors, the nurse practitioners, the physician associates, the therapists and the nurses the vast majority of whom continue to toil within the domain of primary care because they enjoy the longitudinal commitment to their patients.

Health care in the end is about two types of behavior change:

- Getting people to change a life style before it manifests itself in disease
- Getting people with an illness to comply to evidence-based guidelines

In either case the trusted primary clinician is our best option for success. Well-funded and well supported they can revitalize care in the United States as has been demonstrated in Scandinavia, the United Kingdom, Japan, New Zealand and Australia. (see Commonwealth Fund Report)